

# **Announced Care Inspection Report 5 September 2018**



## **Ashburn Image**

**Type of Service: Independent Hospital (IH) – Cosmetic Laser  
Service**

**Address: 1 Woodvale Road, Eglinton BT47 3AH**

**Tel No: 02871812369**

**Inspector: Stephen O'Connor**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

Ashburn Image is registered as an Independent Hospital (IH) with the following category of care: Prescribed techniques or prescribed technology: establishments using intense light sources PT (IL). The establishment provides a range of cosmetic/aesthetic treatments using an intense pulse light (IPL) machine.

Although a wide range of services and treatments are offered in Ashburn Image, this inspection focused solely on those that fall within regulated activity and the category of care for which the establishment is registered with RQIA.

### Intense Pulse Light (IPL) equipment:

- Manufacturer: ESC Sharplan

- Model: Aculight SA3501000
- Serial Number: 007-04496
- Laser Class: IPL

**Laser protection advisor (LPA):** Mr Simon Wharmby (Lasersafe)

**Laser protection supervisor (LPS):** Mrs Rosemary Wright

**Medical support services:** To be appointed

**Authorised operators:** Mrs Rosemary Wright  
Ms Amparo de Lamon Ramiro

**Types of treatment provided:**

- hair removal
- skin rejuvenation
- vascular problems
- acne treatment
- pigmentation

### 3.0 Service details

<b>Organisation/Registered Person:</b> Mrs Rosemary Wright	<b>Registered Manager:</b> Mrs Rosemary Wright
<b>Person in charge at the time of inspection:</b> Mrs Rosemary Wright	<b>Date manager registered:</b> 13 February 2017
<b>Categories of care:</b> Independent Hospital PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources	

### 4.0 Inspection summary

An announced inspection took place on 05 September 2018 from 09:50 to 12:00.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health (DOH) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

The inspection assessed progress with any areas for improvement identified during and since the last care inspection, and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Examples of good practice were evidence in all four domains. These relate to IPL safety; the arrangements for managing medical emergencies; clinical records; the environment; infection prevention and control; effective communication between clients and staff; maintaining client confidentiality; ensuring the core values of privacy and dignity were upheld; and providing the relevant information to allow clients to make informed choices.

One area for improvement against the regulations in regards to reviewing medical treatment protocols, and two areas for improvements against the standards in regards to appraisal of authorised operators and client feedback made during the previous care inspection have not been addressed and have been stated for the second time. An additional area for improvement against the standards in regards to authorised training has been made during this inspection.

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and clients experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	3

Details of the Quality Improvement Plan (QIP) were discussed with Mr Ashley Wright, joint owner of Ashburn Image, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent care inspection dated 31 October 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 31 October 2017.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the previous care inspection report
- the returned QIP from the previous care inspection

Questionnaires were provided to clients prior to the inspection by the establishment on behalf of RQIA. Returned completed clients questionnaires were analysed prior to the inspection. RQIA invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were submitted to RQIA.

A poster informing clients that an inspection was being conducted was displayed.

During the inspection the inspector met with Mrs Rosemary Wright, registered person and authorised operator; Mr Ashley Wright, joint owner of Ashburn Image; and Ms Amparo de Lamo Ramiro, authorised operator. Mr Ashley Wright facilitated the inspection.

The following records were examined during the inspection:

- staffing
- recruitment and selection
- safeguarding
- IPL safety
- management of medical emergencies
- infection prevention and control
- information provision
- care pathway
- management and governance arrangements
- maintenance arrangements

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to Mr Wright at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 31 October 2017

The most recent inspection of Ashburn Image was an announced care inspection. The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 31 October 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 15 (1) (b)  <b>Stated:</b> First time	The registered person shall ensure that medical treatment protocols are reviewed in keeping with the review timescales set by the author.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> It was noted that the medical treatment protocols in place were dated 3 September 2016 with a review dated during September	

	<p>2017 identified. Mr Wright confirmed that following the previous care inspection he consulted with the appointed radiation protection advisor (RPA) who advised that the medical treatment protocols in place were sufficient and did not require review. Mr Wright was advised that medical treatment protocols should be subject to continuous review by a named medical practitioner in keeping with the Minimum Care Standards for Independent Healthcare Establishments (July 2014) and The Independent Health Care Regulations (Northern Ireland) 2005.</p> <p>This area for improvement has not been addressed and is stated for the second time.</p>	
<b>Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (July 2014)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 13.9  <b>Stated:</b> First time	<p>The registered person shall ensure that a system should be established to ensure that authorised operators have an annual appraisal and records retained.</p>	<b>Not met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Mr Wright confirmed that informal discussions with the authorised operator happen on a daily basis, and should an issue arise this would be brought to the attention of the authorised operator and discussed at the time. No formal arrangements are in place in to ensure the authorised operator has an annual appraisal.</p> <p>This area for improvement has not been addressed and is stated for the second time.</p>	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 3.1  <b>Stated:</b> First time	<p>The registered person shall ensure that the policy for the safeguarding and protection of adults at risk of harm is further developed. The policy should include the following:</p> <ul style="list-style-type: none"> <li>names of identified safeguarding leads</li> <li>definitions of abuse</li> <li>types and indicators of abuse</li> <li>onward referral arrangements including Gateway team contact numbers</li> <li>documentation of safeguarding concerns</li> <li>arrangements in respect of refresher training</li> </ul>	<b>Met</b>

	<b>Action taken as confirmed during the inspection:</b> Review of records evidenced that the safeguarding adults policy had been updated to include the information listed above.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 5.1  <b>Stated:</b> First time	The registered person shall ensure that clients should be consulted in regards to the quality of treatment, information and care received. The client feedback should be collected in an anonymised format, summarised and used by the establishment to make improvements to services. Client feedback reports should be generated on an annual basis.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> During discussion an authorised operator confirmed that following every treatment session they ask clients for feedback. Mr Wright confirmed that to date they have not distributed client satisfaction surveys or generated a report.	
	This area for improvement has not been addressed and is stated for the second time.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

#### Staffing

Discussion with Mr Wright confirmed that there is sufficient staff in the various roles to fulfil the needs of the establishment and clients.

Mrs Wright and staff confirmed that IPL treatments are only carried out by authorised operators. A register of authorised operators for the IPL machine is maintained and kept up to date.

Mr Wright confirmed that should authorised operators be recruited in the future they will complete a formal induction programme on commencement of employment.

As discussed, Mr Wright confirmed that authorised operators do not have an annual appraisal. An area for improvement against the standards has been made for the second time to address this.



A review of training records evidenced that authorised operators have up to date training in core of knowledge; application training for the equipment in use; infection prevention and control; and safeguarding adults at risk of harm, in keeping with the RQIA training guidance. It was confirmed that the authorised operators had completed basic life support and fire safety awareness training during October 2016. Basic life support training should be completed within the timeframes specified on the certificates or annually if no timeframe is specified and fire safety awareness training should be completed on an annual basis. An area for improvement against the standards has been made to address this.

All other staff employed at the establishment, but not directly involved in the use of the IPL equipment, had received IPL safety awareness training. Mr Wright was advised that IPL safety awareness training should be renewed on an annual basis.

### **Recruitment and selection**

There have been no authorised operators recruited since the previous inspection. Mr Wright confirmed that should authorised operators be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

There was a recruitment policy and procedure in place.

### **Safeguarding**

It was confirmed that IPL treatments are not provided to persons under the age of 18 years.

Staff spoken with were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified, including who the nominated safeguarding lead was.

Review of records demonstrated that all staff in the establishment had received training in safeguarding adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014. It was confirmed that the safeguarding lead has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

It was confirmed that copies of the regional policy entitled Co-operating to Safeguard Children and Young People in Northern Ireland (August 2017) and the regional guidance document entitled Adult Safeguarding Prevention and Protection in Partnership (July 2015) were both available for staff reference.

### **IPL safety**

An IPL safety file was in place which contained all of the relevant information in relation to IPL equipment.



There was written confirmation of the appointment and duties of a certified laser protection advisor (LPA) which is reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and this expires on 31 October 2018.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers on 3 September 2016. As discussed the medical treatments protocols were due to be reviewed on 2 September 2017. The author of these medical treatment protocols is affiliated with the previously appointed LPA. An area for improvement, stated for the second time against the regulations has been made that medical treatment protocols should be reviewed in keeping with the review timescales set by the author. The medical treatment protocols contained the relevant information pertaining to the treatments being provided.

Up to date local rules were in place which have been developed by the LPA. The local rules contained the relevant information pertaining to the IPL equipment being used.

The establishment's LPA completed a risk assessment of the premises on 13 October 2017 and all recommendations made by the LPA have been addressed.

The laser protection supervisor (LPS) has overall responsibility for safety during IPL treatments and a list of authorised operators is maintained. Authorised operators have signed to state that they have read and understood the local rules and medical treatment protocols.

When the IPL equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS. Arrangements are in place for another authorised operator, who is suitably skilled to fulfil the role, to deputise for the LPS in their absence.

The environment in which the IPL equipment is used was found to be safe and controlled to protect other persons while treatment is in progress. The door to the treatment room is locked when the IPL equipment is in use but can be opened from the outside in the event of an emergency.

The IPL equipment is operated using a key. Arrangements are in place for the safe custody of the IPL key when not in use. Protective eyewear is available for the client and operator as outlined in the local rules.

The controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out. Laser/IPL safety warning signs are displayed when the IPL equipment is in use and removed when not in use.

The establishment has an IPL register which is completed every time the equipment is operated and includes:

- the name of the person treated
- the date
- the operator
- the treatment given
- the precise exposure
- any accident or adverse incident

There are arrangements in place to service and maintain the IPL equipment in line with the manufacturer's guidance.

## Management of emergencies

As discussed, authorised operators had completed basic life support training during October 2016. Basic life support training should be completed within the timeframes specified on the certificates or annually if no timeframe is specified. An area for improvement against the standards has been made in regards to authorised operator training. Discussion with authorised operators confirmed they were aware of the action to take in the event of a medical emergency.

There was a resuscitation policy in place.

## Infection prevention and control and decontamination procedures

The treatment room was clean and clutter free. Discussion with an authorised operator evidenced that appropriate procedures were in place for the decontamination of equipment between use. Hand washing facilities were available and adequate supplies of personal protective equipment (PPE) were provided. As discussed previously, authorised operators have up to date training in infection prevention and control.

## Environment

The premises were maintained to a good standard of maintenance and décor. Cleaning schedules for the establishment were in place.

Observations made evidenced that a carbon dioxide (CO<sub>2</sub>) fire extinguisher is available which has been serviced within the last year.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to, adult safeguarding, IPL safety, infection prevention and control, risk management and the environment.

## Areas for improvement

The medical treatment protocols should be reviewed in keeping with the review timescales set by the author.

A system should be established to ensure that authorised operators have an annual appraisal and records retained.

A system should be in place to ensure that authorised operators have completed training in keeping with RQIA training guidance for cosmetic laser services.

	Regulations	Standards
Areas for improvement	1	2

## 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

### Care pathway

Clients are provided with an initial consultation to discuss their treatment and any concerns they may have. Written information is provided to the client pre and post treatment which outlines the treatment provided, any risks, complications and expected outcomes. The establishment has a list of fees available for each IPL procedure.

Fees for treatments are agreed during the initial consultation and may vary depending on the type of treatment provided and the individual requirements of the client.

During the initial consultation, clients are asked to complete a health questionnaire. There are systems in place to contact the client's general practitioner, with their consent, for further information if necessary.

Four client care records were reviewed. There is an accurate and up to date treatment record for every client which includes:

- client details
- medical history
- signed consent form
- skin assessment (where appropriate)
- patch test (where appropriate)
- record of treatment delivered including number of shots and fluence settings (where appropriate)

Observations made evidenced that client records are securely stored. A policy and procedure is available which includes the creation, storage, recording, retention and disposal of records and data protection.

It was confirmed that clients have the right to apply for access to their clinical records in accordance with the General Data Protection Regulations that came into effect during May 2018 and where appropriate Information Commissioners Office (ICO) regulations and Freedom of Information legislation.

### Communication

As discussed, there is written information for clients that provides a clear explanation of any treatment and includes effects, side-effects, risks, complications and expected outcomes. Information is jargon free, accurate, accessible, up-to-date and includes the cost of the treatment.

The establishment has a policy for advertising and marketing which is in line with legislation.

Staff confirmed that management is approachable and their views and opinions are listened to. It was confirmed that should complaints be received or incidents occur they would be documented and investigated and any learning disseminated to staff.

## Areas of good practice

There were examples of good practice found in relation to the management of clinical records and ensuring effective communication between clients and staff.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

## Dignity respect and involvement with decision making

Discussion with an authorised operator regarding the consultation and treatment process, confirmed that clients are treated with dignity and respect. The consultation and treatment is provided in a private room with the client and authorised operator present. Information is provided to the client in verbal and written form at the initial consultation and subsequent treatment sessions to allow the client to make choices about their care and treatment and provide informed consent.

Appropriate measures are in place to maintain client confidentiality and observations made evidenced that client care records were stored securely.

As discussed an area for improvement against the standards was made during the previous care inspection that client feedback should be sought and a summary report detailing the findings of the feedback generated. Although clients are asked for feedback following every IPL treatment the client satisfaction survey has not been distributed. This area for improvement has been stated for the second time.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining client confidentiality ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow clients to make informed choices.

## Areas for improvement

An anonymised client feedback report should be generated at least on an annual basis. The report should be made available to clients and other interested parties.

	Regulations	Standards
Areas for improvement	0	1

## 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

### Management and governance

There was a clear organisational structure within the establishment and authorised operators were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Authorised operators confirmed that there were good working relationships and the management were responsive to any suggestions or concerns raised. There was a nominated individual with overall responsibility for the day to day management of the service.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis. Staff spoken with were aware of the policies and how to access them.

Discussion with Mr Wright demonstrated that arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the establishment. Discussion with staff demonstrated good awareness of complaints management.

Discussion with Mr Wright confirmed that a system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

A whistleblowing/raising concerns policy was available. Discussion with authorised operators confirmed that they were aware of who to contact if they had a concern.

Mrs Rosemary Wright, registered person demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. Mr Wright confirmed that the statement of purpose and client's guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

Observation of insurance documentation confirmed that current insurance policies were in place.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

### 6.8 Client and staff views

Five clients submitted questionnaire responses to RQIA. All five clients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All of the clients indicated that they were very satisfied with each of these areas of their care. Comments included in the submitted questionnaire responses are as follows:

- “Professional and discreet as always. Never any problems. Rosemary is fantastic.”
- “Every aspect of my treatment at Ashburn Image was conducted in a very pleasant and professional manner. I have no complaints.”
- “Great care and attention.”
- “Amparo is a great therapist and treatment is performed very professional.”
- “Unbelievable service, fantastic staff. Discreet and professional.”

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No completed electronic questionnaires were submitted to RQIA.

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Ashley Wright, joint owner of Ashburn Image, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the establishment. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections)

(Amendment) Regulations (Northern Ireland) 2011 and the Department of Health (DOH) Minimum Care Standards for Healthcare Establishments (July 2014).

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 15 (1) (b)  <b>Stated:</b> Second time  <b>To be completed by:</b> 31 October 2018	<p>The registered person shall ensure that medical treatment protocols are reviewed in keeping with the review timescales set by the author.</p> <p>Ref: 6.2 and 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            We are in the process of employing an EMP to look at our treatment protocols (this should be completed in the next week or two) and we have also retained Lasersafe to be our LPA.</p>
Action required to ensure compliance with The Minimum Care Standards for Healthcare Establishments (July 2014)	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 13.9  <b>Stated:</b> Second time  <b>To be completed by:</b> 31 October 2018	<p>The registered person shall ensure that a system should be established to ensure that authorised operators have an annual appraisal and records retained.</p> <p>Ref: 6.2 and 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            We have taken your advice and have now a sit-down discussion with our registered operator to address and questions or comments they might have. This has been noted and signed by the registered operator.</p>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 5.1  <b>Stated:</b> Second time  <b>To be completed by:</b> 31 October 2018	<p>The registered person shall ensure that clients should be consulted in regards to the quality of treatment, information and care received. The client feedback should be collected in an anonymised format, summarised and used by the establishment to make improvements to services. Client feedback reports should be generated on an annual basis.</p> <p>Ref: 6.2 and 6.7</p> <p><b>Response by registered person detailing the actions taken:</b>            We have taken steps to issue clients with a satisfaction questionnaire. Any information gathered is discussed at our monthly sit-down meetings.</p>



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<b>Area for improvement 3</b>  <b>Ref:</b> Standard 48.12  <b>Stated:</b> First time	The registered person shall ensure that all authorised operators complete training as outlined in the RQIA training guidance document for cosmetic laser services.  Ref: 6.4
<b>To be completed by:</b> 31 October 2018	<b>Response by registered person detailing the actions taken:</b> We are in the process of reviewing and renewing (where necessary) our training certificates and this should again be completed in the next week or two.

*\*Please ensure this document is completed in full and returned via Web Portal\**



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)